



UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES

SECTION FOR PSYCHIATRY
EUROPEAN BOARD OF PSYCHIATRY



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INTRODUCTION

During 2009, the number of Psychiatric Associations from EU/EFTA member states remained at 28 with three associate members (Croatia, Israel and Turkey), and five observers (EPA, EFPT, PWG, WHO & WPA). The 2009 meetings were held in Budapest, Hungary, and Ljubljana, Slovenia in the Spring and Autumn. Representation from the Romanian and Bulgarian Psychiatric Associations is still being sought. The membership status of Cyprus and Iceland has been unclear. Iceland has withdrawn its membership from UEMS Council.

The Section and Board continue the policy of visiting local psychiatry services with involvement of local trainees on the first day of the meeting. Section and Board committee agendas are discussed on the subsequent two days. The working method remains based upon working groups which communicate by email.

SECTION AND BOARD WORKING GROUPS

Private Practice

Final discussions concerning this paper, first presented in October 2007, met with such significant problems that agreement could not be reached. Since there remained outstanding concerns, it was decided to abandon the WG Paper and to form a new working group to redefine focus on the dynamic between the private and public sectors mental health care delivery. The reconstituted working group now includes both private and public sectors practitioners. Its objective is to determine the role, quality controls and funding methods of private practice and private practice interaction with the public sector provisions in the EU. A descriptive survey is proposed. Some preliminary questions have been drafted and are to be sent to national associations and user groups.

Biology in Psychiatry

This report was completed and is now on the Section website after approval following circulation to national associations.

Consultation Liaison Psychiatry

The report was approved for circulation to delegates, dissemination in their associations and is now available on the Section website.

Competency Framework for Psychiatry

In recent years there have been advances in contemporary assessment systems with particular emphasis on performance. In 2008 it was agreed to focus a competence-based training (CBT) document on assessment methods, and to develop a blueprint for assessment tools relevant and adapted to European needs. After two years deliberation the Working Group presented its final recommendations. The resulting Competencies Framework for Psychiatry is, derived from the CanMEDS 2005 physician competency framework, the American Board of Psychiatry and Neurology Core competencies, the UK Royal College of Psychiatrists Curriculum for Psychiatry Speciality Training and UEMS Profile of a Psychiatrist (UEMS, 2005) and its Charter on Training. Seven physician metacompetencies are outlined: Psychiatric Expert/Clinical Decision-Maker; Communicator; Collaborator; Manager; Health Advocate; Scholar and Professional.

Each physician role is then divided into key competencies underpinned by supporting competencies, which are formulated in operational terms to facilitate both learning and assessment.

This European community competency framework aims to define training outcomes and is not intended to give a detailed curriculum. The purpose is to deliver a framework of acceptable standards of education via safe, equitable and transparent training, and which also serves as an tool for continual improvement and reflective life long learning. Assessment methods are outlined.

The detailed document was approved after circulation to national associations and is now posted on the Board's website. It has been sent to the UEMS Council for adoption as a Policy Statement.

Proposals for three new working groups

Psychotherapy

A group proposes to review earlier working group findings in order to revisit the current situation in Europe regarding psychotherapy training in the context of the recent competency framework. After review of current data a survey of psychotherapy training will be repeated.

Physical Forms of Psychiatric Intervention

A working group proposes to examine physical interventions such as seclusion, restraint and compulsory treatment as applied across Europe as a WHO report has recently been published. The proposal was to, detail such interventions, their monitoring and statistical analysis. The focus is to be on practice, rather than legislation as the Section has recently published its paper on legislative aspects of compulsory treatment. The group is still in the process of clarifying its remit and working methods.

Commercial relations

A group proposes to develop a framework providing guidance on the boundaries of good practice for EU psychiatric organisations in their relationships with pharmaceutical and other commercial organisations. It was suggested that the objectives of such a working group should include the impact on individual practice. The working group was agreed to, but will await commencing work until the total number of current working groups at any one time does not exceed four in total as the committee is finding there are conflicts of time and membership if too many groups operate simultaneously.

STANDING COMMITTEE ON CME

The Standing Committee on CME is the successor of the CME working group. The Section had originally delegated its CME approval mandate, given by the EACCME[®], to a joint European Task Force, which had emerged in 2001 for collaboration between UEMS, EPA, WHO and WPA. This Taskforce has now achieved its objective and it was agreed its function be carried out by the CME Evaluation Committee in future and that the Taskforce should be dissolved.

Problems persist regarding lack of consistency in national CME models, inadequate quality control and excessive influence of pharmaceutical industry. The Standing Committee on CME had agreed to develop assessment criteria. Meanwhile, the EACCME has changed the online evaluation procedure. Only one evaluator per specialty now has access to online applications. This has significantly hampered the cooperation between the UEMS, EPA, and WPA evaluators. The evaluation process is reduced to an administrative procedure involving viewing the programme online and granting the appropriate number of points. The involvement of pharmaceutical or other industry sponsors is reliant on acknowledgment by the event organiser in the disclosure of interest.

The EACCME has recently decided to expand its accreditation services to cover e-learning and has enlisted UEMS, EPA and WPA representatives as evaluators.

COLLABORATION WITH OTHER ORGANISATIONS

Reciprocal representation with the EPA

It has been established with EPA that there will in future be reciprocal representation and that a member of the UEMS Section will attend the EPA Board and EPA Education meetings. An EPA delegate continues to be invited to Section and Board of Psychiatry committees and working groups. Voting rights would not, by mutual agreement, be reciprocated. This arrangement will be subject to periodic review.

Relations with patients, carers and allied professional groups in Europe

The UEMS Section is cognisant of the WHO report, *Policies and Practices for Mental Health in Europe*, which supports the right of users and their carers in involvement in service development and treatment. Patient and Carer organisations EUFAMI and GAMIAN have agreed to joint collaborate via comment on relevant reports produced by the Section and Board. As a result both organisations were included in the final consultation process on the Competency Framework document. It is hoped that wider matters for collaboration will develop.

TRAINING MATTERS

Visitation of Training Schemes

The 2008 paper on training schemes audit by the Board of Psychiatry is now on the Board website. It had been hoped that Training Scheme Audit might prove a useful negotiation tool for trainers in improving local arrangements and provide recognition of quality control in training by the profession. It should give trainees an opportunity to voice their views on their training and trainers an opportunity to engage colleagues and resource providers in the process of supporting their efforts. EU wide audit of training in psychiatry is not progressing and this contrasts poorly with the situation in other specialities. As the term 'audit' may have potentially disconcerting connotations it was agreed that, in future the term 'visitation' will replace this but despite this change, there have been no visitations conducted for some years.

Report from the European Federation for Psychiatric Trainees

The EFPT reported that their current membership stands at 28 countries and is to expand to 35. EFPT expressed gratitude to the Royal College of Psychiatrists UK for 10 bursaries to trainees from low income countries to attend their Cambridge Forum. It was hoped that this would help extend access to EFPT for countries which could otherwise not afford to participate. EFPT anticipates registering as an organisation in Belgium shortly.